

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>hby</i>	<i>87814</i>	<i>10/14/00</i>
O.I.P.E. CLASSIFIER	<i>hby</i>	<i>45</i>	<i>10/10/00</i>
FORMALITY REVIEW	<i>hby</i>	<i>JE 826</i>	<i>11/08/00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	12/3
2	10/14
3	10/10
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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